

APPENDIX D

UPDATE REQUEST FORM

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TO REQUEST OR SUGGEST A CHANGE TO THE *COLORADO MUNICIPAL RECORDS RETENTION SCHEDULE*:

1. COMPLETE THE REQUIRED INFORMATION ON A COPY OF THIS FORM.
2. MAIL COMPLETED UPDATE REQUEST FORM TO: MR. TERRY KETELSEN, COLORADO STATE ARCHIVIST, 1313 SHERMAN STREET, ROOM 1B-20, DENVER, CO 80203. FOR FURTHER INFORMATION, CONTACT THE COLORADO STATE ARCHIVES AT (303) 866-2358.

CHANGE REQUESTED BY:

NAME OF MUNICIPALITY:

CONTACT PERSON/TITLE:

MAILING ADDRESS:

TELEPHONE: _____ E-MAIL: _____

[illegible]